



Mental Health Services
Of Catawba County
Draft Local Business Plan

January 2, 2003
(April 1, 2003 revision)

Section VII. Evaluation

Contact Person:

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Local Business Plan: Strategic Plan Matrix

Area Program(s)/County Program	Mental Health Services of Catawba County
Contact	John M. Hardy, Area Director, (828)695-5900, fax (828)695-5949, johnh@mail.co.catawba.nc.us
Submission Date	01/02/03

Item: VII. Evaluation 1

Goal: The local business plan provides for external accreditation or certifications consistent with state standards.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>MHSCC is COA accredited until 9/05; Agency complies with state standards and performance agreement</p> <p>The Evaluation committee invited Jan Sisk from Mecklenburg Area Program to its July 25th meeting to give the committee an overview on Mecklenburg's NCQA accreditation experience. NCQA's focus is on administration not service provision. NCQA evaluates QI, UM, Credentialing, Member Rights and Responsibilities and Preventative Health. Minimum cost for the NCQA process is \$37,000. NCQA also requires the ability to produce 2 years of data analysis from multiple areas. The QI project is a patient based project which requires 12 months of data</p>	<p>Maintain COA accreditation through 9/05; Maintain MOA with COA; Explore other national accrediting bodies appropriate to LME; Continue to comply with state standards and performance agreement</p>	<p>Cost of national accreditation; current Quality Management infrastructure</p>

Reviewers Comments:

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Submission Date	01/02/03

Item: VII. Evaluation 2

Goal: The local business plan is consistent with State Plan requirements for managing a continuous quality improvement process.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
<p>Management formed an ongoing Evaluation committee to assess the state plan requirements for Section VII. – Evaluation</p> <p>The Service Monitoring and Oversight committee developed a draft QA/QI plan to reflect local business plan requirements and shared the draft with the Evaluation Committee since some elements cross-walked in sections VI. and VII.</p> <p>The Evaluation committee developed some draft reports from the system database related to sections VI.2c and VII.3 and reviewed baseline data</p>		

<p>The Evaluation committee has researched the national “report card” model of HEDIS produced by NCQA</p> <p>The Evaluation committee has researched CONQUEST. <u>C</u>omputerized <u>N</u>eeds Oriented <u>Q</u>uality Measurement <u>E</u>valuation <u>S</u>ysTem for collecting and evaluating quality measures. CONQUEST was developed by AHCCPR. The committee decided to hold off pending an upgraded version of CONQUEST to be available soon</p> <p>The Evaluation committee reviewed the minimum data sets required by the state plan. The committee noted strengths and weaknesses related to some of the data within the agency</p> <p>Presented Evaluation Matrix to CFAC for review, input and approval</p> <p>Consumer outcomes data collected through various tools</p> <p>Self study completed for national COA accreditation during 2000 prior to site visit in 2001. Results were addressed and sufficient for full accreditation through 09/05</p> <p>Evaluation results are used to improve consumer outcomes, (e.g. NO SHOW RATE; study prompted a need to change format for consumers accessing the system, streamlining staff availability to offset absences and concurrently offering more timely initial assessments)</p>	<p>The weaknesses will be addressed in the revised draft QA/QI plan, particularly in identifying consolidated number of tracking and data analysis (referenced in service monitoring & oversight)</p> <p>Continue to monitor and evaluate effectiveness, efficiency of services and planning through ongoing data analysis</p> <p>Continue evaluation processes through specific /targeted data analysis; share results with consumers and families and implement into systems as indicated for Quality Improvement</p>	<p>Current Quality Management infrastructure; funding model not available</p>
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QM structure in place with CQI teams with membership by all levels of agency staff	Revise QA/QI plan to reflect more of a QI focus to include: a systematic means for reviewing and analyzing performance indicator data in each applicable team, incorporation of indicated changes from Minimum Data Sets analysis, and meaningful involvement of consumers and families and Qualified Provider Network	Current Quality Management infrastructure; no administrative cost model available
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<p>Reviewers Comments:</p>

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Submission Date	01/02/03

Item: VII. Evaluation 3

Goal: The local business plan meets State Plan requirements (per State Plan section on quality management) for evaluating system performance.

Effective Date: 01/04

Steps Taken	Steps Planned	Barriers
Access unit in place and intake and referral data available; waiting list data available	Develop indicators on penetration rate, timeliness of receipt of services and adequacy of qualified provider network from all points of access	Current Quality Management infrastructure; cost model not available
Quality of consumer care monitored; some data available for analysis	Develop reports to evaluate quality of care through retention in treatment, continuity of care and caregivers, timeliness of service plans and consumer and family involvement	
Quality Management structure in place with administrative processes Program goals in place; Continuous Quality Improvement goals in place	Develop collaboration in planning, more effective quality improvement system through 3-year strategic plan involving consumers and families, develop specific role of CFAC	

<p>Consumer Outcomes data in place but limited</p> <p>Determined that agency currently lacks staffing infrastructure to analyze all required data necessary for effective planning and decision making as outlined by the State Plan</p>	<p>Maintain / Develop tools to collect consumer outcomes; Monitor effectiveness</p> <p>Determine organizational structure to maximize resources; agency needs to strengthen MIS/QI infrastructure to analyze / develop reports; continue to increase technological capabilities</p>	<p>Current Quality Management infrastructure; no cost model available; Lack of statewide standardized outcome measures for systems and consumers</p>
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<p>Reviewers Comments:</p>
